

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NO ON 56 - STOP THE SPECIAL INTEREST TAX GRAB. MAJOR FUNDING BY PHILIP MORRIS USA INC. AND R.J. REYNOLDS TOBACCO COMPANY			Date of This Filing <u>10/06/2016</u>	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1386637	Report No. <u>LCR #759A</u>			
STREET ADDRESS 					
CITY SAN RAFAEL			STATE CA	ZIP CODE 94901	Amendment to Report No. <u>001</u> <small>(explain below)</small>
			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/12/2016	CORE-MARK INTERNATIONAL, INC. South San Francisco, CA 94080 Memo Reference: NON:\$497:481	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$635.58
09/21/2016	CORE-MARK INTERNATIONAL, INC. South San Francisco, CA 94080 Memo Reference: NON:\$497:339	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$8,671.51
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

AMENDMENT TO REVISE NON-MONETARY CONTRIBUTION AMOUNT AND BRING FORWARD AGGREGATE INKIND

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STREET ADDRESS 					
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

AMENDMENT TO REVISE NON-MONETARY CONTRIBUTION AMOUNT AND BRING FORWARD AGGREGATE INKIND

Memo Reference: NON:S497:339
NON-MONETARY CONTRIBUTION

Memo Reference: NON:S497:481
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